

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **101070113** FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

|                 | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-----------------|----------|------|------------------------|------|------------------------|------|
|                 | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1               | 1        |      |                        |      |                        |      |
| 2               |          | 1    |                        |      |                        |      |
| 3               |          | 1    |                        |      |                        |      |
| 4               |          |      |                        |      |                        |      |
| 5               |          | 1    |                        |      |                        |      |
| 6               |          |      |                        |      |                        |      |
| 7               |          | 1    |                        |      |                        |      |
| 8               |          |      |                        |      |                        |      |
| 9               |          | 1    |                        |      |                        |      |
| 10              |          | 1    |                        |      |                        |      |
| 11              |          | 1    |                        |      |                        |      |
| 12              |          | 1    |                        |      |                        |      |
| 13              | 0        | 0    |                        |      |                        |      |
| 14              | 0        | 0    |                        |      |                        |      |
| 15              |          | 1    |                        |      |                        |      |
| 16              |          |      | 1                      |      |                        |      |
| 17              |          |      |                        | 1    |                        |      |
| 18              |          |      |                        | 1    |                        |      |
| 19              |          |      |                        | 1    |                        |      |
| 20              |          |      |                        | 1    |                        |      |
| 21              |          |      |                        | 1    |                        |      |
| 22              |          |      | 1                      |      |                        |      |
| 23              |          |      |                        | 1    |                        |      |
| 24              |          |      |                        | 1    |                        |      |
| 25              |          |      |                        | 1    |                        |      |
| 26              |          |      | 1                      |      |                        |      |
| 27              |          |      |                        | 1    |                        |      |
| 28              |          |      |                        | 1    |                        |      |
| 29              |          |      |                        | 1    |                        |      |
| 30              |          |      |                        | 1    |                        |      |
| 31              |          |      |                        | 1    |                        |      |
| 32              |          |      |                        | 1    |                        |      |
| 33              |          |      |                        | 1    |                        |      |
| 34              |          |      |                        | 1    |                        |      |
| 35              |          |      |                        | 1    |                        |      |
| 36              |          |      |                        | 1    |                        |      |
| 37              |          |      |                        | 1    |                        |      |
| 38              |          |      |                        | 1    |                        |      |
| 39              |          |      |                        | 1    |                        |      |
| 40              |          |      |                        | 1    |                        |      |
| 41              |          |      |                        | 1    |                        |      |
| 42              |          |      |                        | 1    |                        |      |
| 43              |          |      |                        | 1    |                        |      |
| 44              |          |      |                        | 1    |                        |      |
| 45              |          |      |                        | 1    |                        |      |
| 46              |          |      |                        | 1    |                        |      |
| 47              |          |      |                        | 1    |                        |      |
| 48              |          |      |                        | 1    |                        |      |
| 49              |          |      |                        | 1    |                        |      |
| 50              |          |      |                        | 1    |                        |      |
| TOTAL<br>IND.   |          |      | 2                      |      |                        |      |
| TOTAL<br>DEP.   |          |      | 16                     |      |                        |      |
| TOTAL<br>CLAIMS |          |      | 17                     |      |                        |      |

|                 |  |   |  |   |  |
|-----------------|--|---|--|---|--|
| *               |  | * |  | * |  |
| 51              |  |   |  |   |  |
| 52              |  |   |  |   |  |
| 53              |  |   |  |   |  |
| 54              |  |   |  |   |  |
| 55              |  |   |  |   |  |
| 56              |  |   |  |   |  |
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| 70              |  |   |  |   |  |
| 71              |  |   |  |   |  |
| 72              |  |   |  |   |  |
| 73              |  |   |  |   |  |
| 74              |  |   |  |   |  |
| 75              |  |   |  |   |  |
| 76              |  |   |  |   |  |
| 77              |  |   |  |   |  |
| 78              |  |   |  |   |  |
| 79              |  |   |  |   |  |
| 80              |  |   |  |   |  |
| 81              |  |   |  |   |  |
| 82              |  |   |  |   |  |
| 83              |  |   |  |   |  |
| 84              |  |   |  |   |  |
| 85              |  |   |  |   |  |
| 86              |  |   |  |   |  |
| 87              |  |   |  |   |  |
| 88              |  |   |  |   |  |
| 89              |  |   |  |   |  |
| 90              |  |   |  |   |  |
| 91              |  |   |  |   |  |
| 92              |  |   |  |   |  |
| 93              |  |   |  |   |  |
| 94              |  |   |  |   |  |
| 95              |  |   |  |   |  |
| 96              |  |   |  |   |  |
| 97              |  |   |  |   |  |
| 98              |  |   |  |   |  |
| 99              |  |   |  |   |  |
| 100             |  |   |  |   |  |
| TOTAL<br>IND.   |  |   |  |   |  |
| TOTAL<br>DEP.   |  |   |  |   |  |
| TOTAL<br>CLAIMS |  |   |  |   |  |

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